

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N10000001765

**FILED**  
**Feb 20, 2013**  
**Secretary of State**

**Entity Name:** UNITY MISSIONARY BAPTIST CHURCH OF JACKSONVILLE FL INC

**Current Principal Place of Business:**

3027 MYRTLE AVE  
JACKSONVILLE, FL 32209 US

**New Principal Place of Business:**

2075 EDGEWOOD AVE WEST  
JACKSONVILLE, FL 32209 US

**Current Mailing Address:**

12346 RALEIGH RIDGE DR SOUTH  
JACKSONVILLE, FL 32225 US

**New Mailing Address:**

12346 RALEIGH RIDGE DR S  
JACKSONVILLE, FL 32225

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HICKSON, BRUCE T  
12346 RALEIGH RIDGE DR SOUTH  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRUCE TYRONE HICKSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HICKSON, BRUCE  
Address: 12346 RALEIGH RIDGE DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: T  
Name: NATHAN, TOLIVER  
Address: 12346 RALEIGH RIDGE DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: O  
Name: LOVETT, ANDREW  
Address: 12346 RELIGH RIDGE DRB S  
City-St-Zip: JAX, FL 32225 US

Title: O  
Name: BRADLEY, PHYLLIS  
Address: 12346 RELIGH RIDGE DR S  
City-St-Zip: JAX, FL 32225 US

Title: O  
Name: CHANDLER, MINNIE  
Address: 12346 RELIGH RIDGE DR S  
City-St-Zip: JAX, FL 32225 US

Title: O  
Name: WILLIAMS, ABRAHAM  
Address: 12346 RELIGH RIDGE DR S  
City-St-Zip: JAX, FL 32225 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE TYRONE HICKSON

P

02/20/2013

Electronic Signature of Signing Officer or Director

Date